

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Housing Authority of Morganfield

PHA Number: KY 093

PHA Fiscal Year Beginning: (04/2003)

PHA Plan Contact Information:

Name: Linda Cowan – Executive Director

Phone: 270-389-3066

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Email (if available): MFIELDHA@APEX.NET

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan Fiscal Year 2003

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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☐ Other (List below, providing each attachment name)

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

Our Resident Advisory Board meet with the HA Staff in order to make suggestions

and offer comments for the planning of this Agency Plan in order to comply with the requirements of QHWRA. All other residents of the HA were notified for their comments or suggestions for improvements. All their responses were considered and discussed – those found to have quality were complied within the future plans. A Public Hearing was held 45 days after Plan was available for review.

Our Goals for the HA are still the same and have been reviewed by the RAB and HA Commissioners. We strive to work close with our Community, City, Police and Welfare Dept. Our Board of Commissioners felt that our Flat rents are very helpful to the families who are struggling to improve their families future. Our complex is small but we offer a variety of Programs to help our tenants improve themselves. On site we have an after school tutoring program, G.E.D. testing and tutoring, Classes from the Union Co. Board of Education, Union Co. Extension Office brings classes to benefit residents with proper food prep, house keeping and child care. Head Start meets quarterly at our Complex and offers screening to our tenants. Audubon Area Community Service and United Family Services offer help

to residents with heating assistance, past due rent and security deposits. Located on site is OASIS Center (Spouse Abuse) and Morganfield Police Dept. Substation.

Community Service Policy went to effect 04-01-2001. This has been revoked until

Future notice from the Department of HUD.

Our first Capital Fund Grant (1999) has been spent and improved out Complex Score from 69 to 81 – standard. Our Commissioners are pleased. Our need for Capital funding over the next 5 years is approximately \$ 621,000.00. CF 2000, CF 2001 and part of CF 2002 have been used to do much needed repairs to the interior and exterior of several units. Control the water drainage. Under orders from the State Fire Marshall we have moved our shop from the AMC building as required of him within 1 year. This has expanded the office and allowed the shop area in increase with HUD's approval. However everything had to be

done at once and other contracts for repairs were on going and this put a horrible strain on our funds until all was completed. This caused our complex to receive a low financial score. Using funds from the CF 2002 has greatly improved our situation.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

COMMUNITY SERVICE REQUIREMENT POLICY:

PHA will reactivate Community Service FY 04-01-2003. Tenants will be responsible as of their next re -certification date.

Morganfield Housing Authority changes in Lease and ACOP:

- 1. Re-establish ceiling rent – for the same amount for each unit as flat rent-to cap income based rent between annual re-exams. When a tenant changes from flat rent to income based rent, they may not return to flat rent option until the next scheduled annual re-exam. However, as income increases, rent will be at the ceiling rent amount by BR size of unit. Tenants who choose the flat rent will be allowed an adjustment if their income is reduced and allowed to go on an income based rent schedule at re-certification.**

Lease changes to section – THE RESIDENT AGREES TO –

ADD THE FOLLOWING:

- 1. Tenant's failure to report the needful repairs in a timely manner shall be considered to contribute to any damages that occurs and will be billed for charges.**
- 2. Not to posses, use nor display an illegal firearm or weapon as defined by KY State laws anywhere within the HA property. This shall include all household members and visitors at the tenant's household.**

3. To remove all personal property from tenant's unit when tenant moves, leaves or abandons their dwelling unit. Should any property be left for more than 30 days it shall be considered abandoned and will become property of the HA to dispose of. All cost for disposal or storage will be charged to the tenant.

Added to LEASE TERMINATION BY LANDLORD:

- 1. Serious or repeated damage to the dwelling unit, creation of physical, health or safety hazards in the unit, common areas, grounds or parking areas of any HA site.**
- 2. Illegal drugs seized or offensive weapons in a HA unit by any law enforcement officer.**
- 3. Any fire on HA site that was caused by carelessness such as unattended cooking or grilling outside.**

Added to GROUNDS FOR DENIAL:

The HA can reject the application if, during the course of processing, it is proven that the applicant has falsified or misrepresented any facts about their situation, history, or behavior in manner that would affect eligibility, preferences, application selection criteria qualification allowances or rent.

-

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? 124,386

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment F.

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B.

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

| Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities) |
|--|
| 1a. Development name: 1b. Development (project) number: |
| 2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/> |
| 3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/> |
| 4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u> |
| 5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development |
| 7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below) |
| 8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity: |

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

- with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

RAB met with the Executive Director to discuss an Agency Plan and make suggestions for the Plan to be implemented.

2. If yes, the comments are Attached as follows:

They agreed to:

5 yr Capital Fund ideas.

Finish the renovations to the units – floor tile, sheet rock, painting and repairs.

Update computers plus office and maintenance equipment plus update office area

And maintenance shop.

Replace household appliances in units.

RAB was pleased with the tentative annual plan for capital funding and felt it would serve to greatly improve all residents lives in our HA and remarked how the HA has improved in the last few years.

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in text above.
- ☐ Other:

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: Commonwealth of Kentucky Morganfield Union Co.

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☒ Other: (list below)

KY Housing Corporation Dept. of Local Government Interim Consolidated Plan 2000-2002

Morganfield HA goals and objectives found in the first agency plan are compatible with the states goals: Decent housing, suitable living environment with expanded economic opportunities.

3. PHA Requests for support from the Consolidated Plan Agency

- ☒ Yes ☐ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

1. Audubon Area Community Service-heating assistance plus rental and security deposit help for low income families.
2. OASIS -(Owensboro) Spouse Abuse Center- located within our complex-helps families in crises.

3. State, City & County Police Departments.
 4. Dept. of Human Resources
 5. Union County Board of Education
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (A) State plan shows special housing needs for extremely low income households the MHA will reserve 40% of need admissions to those with extremely low incomes (less than 30% of A.M.I.). Local preference for elderly/disabled individuals over other singles and extend the working family preferences to include seniors and people with disabilities. Plus local preference for victims of domestic violence. (B) The State Plan calls for preservation of all existing affordable rental housing – the MHA plans to address this through the planned capital fund budgeting, regular preventive maintenance and good routine maintenance in our complex. (C) Our strategy to reduce poverty from the State Plan is to promote self-sufficiency with related goals such as to maintain or increase our number of working families, to provide GED plus testing for GED on site, to ease the transition from welfare to work by establishing reasonable flat rents and phasing in rent increases for qualified residents. In the KC Plan one of the main causes of poverty is lack of adequate education. The MHA has staff on site to give GED testing plus tutoring. Staff also works with the Union County School system to be sure all the children in the HA are enrolled in school.

C. Criteria for Substantial Deviation and Significant Amendments

Until the PHA has met the requirement to define “significant amendment to modification,” HUD will consider the following actions to be significant amendments or modifications:

Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Board approved and discussed the 5 year plan

B. Significant Amendment or Modification to the Annual Plan:

Changes to rent and admissions policies.

C. FOLLOW UP PLAN: RESIDENT SATISFACTION SURVEY

Communication - The HA Staff does their best with the resources we have to keep our resident's aware of any changes that HUD or any other Government Dept. may

have to help them in anyway. The Staff gives their full assistance to help improve the lives our tenants. Our part time maintenance person (minister) lives on site with his family. The residents know every staff member and how to reach any of us. Many of the residents use our programs and we have considered ourselves to be fortunate to be able to know who we work for and how we might be able to improve their future. The staff has small meetings to discuss the HA and residents who are having problems and how we might approach an area – their interest is important to us. We have a loyal staff who care.

Safety - We have a Police Substation located on site. It is manned by the City of Morganfield Police Dept. Many tenants feel that the Police do not stay in the HA enough to properly patrol the Complex. I have talked with the Mayor and the Chief of Police – they are short the man power. We have installed additional lighting and made repairs to other street lights with the first capital fund we received. We maintain repairs to lighting as needed and ask tenants to burn their porch lights also to keep their areas safe. Our staff holds regular meetings in the community room for all residents. This is usually a small number. November 4, 2002 (10AM) is the date of the last meeting the Chief of Police could meet with our residents – only 4 tenants attended the meeting. The safety of the HA plus manning the substation was discussed. The resident's who attended the meeting felt the Police are the one's who need to do the neighborhood watch or patrol. Through lack of people interested in forming a patrol or neighborhood watch – they did not feel one could be established. However, we will continue working on this situation as we grow in tenant population. Nov. 7th, 2002 was the last time the Fire Chief could meet with our residents concerning fire safety at the complex. All residents were notified – 3 attended.

Neighborhood appearance – Trash is picked up daily by maintenance plus every Tuesday BFI picks up any large items that we place for them to take. Graffiti is erased as soon as it has been detected. Our Housing Authority is located next to a low income rental trailer park. The City has condemned in 2002 two trailers that were located next to our immediate property line. The West Main Liquor store is adjacent to the trailer park. Located across the street is a City Community Park (DUNBAR PARK) where many customers from the liquor store travel. They continue to throw bottles, wrappers and litter on HA property as they go to and from the Park. We have trash containers for their disposal and many times they turn them over – just to allow the trash to scatter for us. This is a problem we continue to fight – Police have tried to help as much as possible.

D. PROGRESS IN MEETING MISSION AND GOALS

Morganfield HA has assisted several individuals this last year who's income and needs were met in a non-discriminatory manner using our preferences while reserving 40% of new admissions to those of extremely low income.

Progress in promoting self-sufficiency:
Having fair flat rent and phasing in rent increases for those tenants who qualify.
GED program on site

Progress to provide a safe and secure environment:
A working cooperation agreement with local police department. Police Substation on site.
Maintain additional security and street lighting.
Thorough screening of applicants and in house tenants.

Progress in managing HA in an efficient and effective manner:

Maintaining high record of rent collection.
Efficient preventive maintenance program.
Continue to take advantage of workshop and
Training programs offered to the HA.

We continue to work toward our goals and objectives in order to attain our mission of serving families in a non-discriminatory manner by offering adequate, affordable housing, economic opportunities with a suitable living environment.

F. VOLUNTARY CONVERSION REQUIRED INITIAL ASSESSEMENT HA OF MORGANFIELD

As required by 24 CFR part 972 we have:

1. Reviews each development's operation as public housing.
2. Considered the implications of converting the public housing to tenant-based assistance and
3. Concluded that the conversion of the development would be inappropriate because:

It is working well as public housing
Affordable housing of choice within our Community
HA has been able to sustain property with Capital
Funds

How many of the PHA's developments are subject to the required initial assessment? 1

How many of the PHA's developments are not subject to the requires initial assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? 0

How many assessments were conducted for the PHA's covered developments? 1

Identify PHA developments that may be appropriate for conversion based on the required initial assessments: none

G. Deconcentration and Income Mixing Analysis

Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? No

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | |
|--|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans |
| | | |
| X | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| X | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| X | Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |

| List of Supporting Documents Available for Review | | |
|--|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| x | Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| | Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| x | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance |
| x | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |
| x | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| | Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance |
| x | Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| | Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| x | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs |
| x | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants | Annual Plan: Capital Needs |
| | Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing | Annual Plan: Capital Needs |
| x | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA). | Annual Plan: Capital Needs |
| | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |
| | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |

| List of Supporting Documents Available for Review | | |
|--|--|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937 | Annual Plan: Conversion of Public Housing |
| | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| | Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| x | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies | Annual Plan: Community Service & Self-Sufficiency |
| | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency |
| x | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: Community Service & Self-Sufficiency |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| | The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |
| | PHDEP-related documentation: <ul style="list-style-type: none"> Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Prevention |
| x | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy | Pet Policy |

| List of Supporting Documents Available for Review | | |
|--|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| x | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional) (list individually; use as many lines as necessary) | (Community Service & Self Sufficiency Policy) |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
|---|--|--|---------|-------------------|-------------------------------------|
| PHA Name: Housing Authority of Morganfield | | Grant Type and Number Capital Fund Program Grant No: KY36P09350103 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2003 |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 20000 | | | |
| 3 | 1408 Management Improvements | 3500 | | | |
| 4 | 1410 Administration – Retirement (approved 11/14/2002) | 29000 | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 975 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 3000 | | | |
| 10 | 1460 Dwelling Structures | 58500 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 7000 | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | 2411 | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1501 Collateralization or Debt Service | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 124386 | | | |
| 22 | Amount of line 21 Related to LBP Activities | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
|---|---|--|---------|-------------------|-------------------------------------|
| PHA Name: Housing Authority of Morganfield | | Grant Type and Number Capital Fund Program Grant No: KY36P09350103 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2003 |
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

| PHA Name: Morganfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: KY36P09350103 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2003 | | |
|---|--|--|----------|----------------------|---------|----------------------------------|----------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| KY093 HA-Wide | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | Operations | 1406 | | 20000 | | | | |
| | Computer Equip/ Train | 1408 | | 3500 | | | | |
| | Bids/Pub | 1430 | | 975 | | | | |
| | Storm Entry Doors | 1460 | | 3500 | | | | |
| | Furnaces | 1460 | | 14000 | | | | |
| | Unit- Prep,paint | 1460 | | 4000 | | | | |
| | Roofs | 1460 | | 33000 | | | | |
| | Bathtubs | 1460 | | 4000 | | | | |
| | Maintenance tools | 1475 | | 2411 | | | | |
| | Landscaping | 1450 | | 3000 | | | | |
| | Refrigerators | 1465 | 5 | 4000 | | | | |
| | Stoves | 1465 | 5 | 3000 | | | | |
| | Administration | 1410 | | 29000 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|---|--|----------|----------------------|---------|----------------------------------|-------------------|-------------------|
| PHA Name: Morganfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: KY36P09350103 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2003 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| KY093 HA-Wide | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | | | | | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

| PHA Name: Housing Authority of Morganfield | | Grant Type and Number Capital Fund Program Grant No:KY36P09350102 Replacement Housing Factor Grant No: | | Federal FY of Grant: 2002 | |
|--|---|--|---------|------------------------------|----------|
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 20000 | | 0 | 0 |
| 3 | 1408 Management Improvements | 4200 | | 0 | 0 |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 235 | | 0 | 0 |
| 10 | 1460 Dwelling Structures | 88376 | | 62000 | 0 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 5075 | | 0 | 0 |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | 6500 | | 0 | 0 |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1501 Collateralization or Debt Service | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 124,386.00 | | 62,000 | 0 |
| 22 | Amount of line 21 Related to LBP Activities | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
|---|---|--|---------|-------------------|-------------------------------------|
| PHA Name: Housing Authority of Morganfield | | Grant Type and Number Capital Fund Program Grant No: KY36P09350102 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2002 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) | | | | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

| PHA Name: Morganfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: KY36P09350102 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2002 | | |
|---|--|--|----------|----------------------|---------|----------------------------------|----------------|----------------|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| KY093 HA-Wide | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | Operations | 1406 | | 20000 | | | | |
| | Computer Equip/ Train | 1408 | | 4200 | | | | |
| | Site Improvements | 1450 | | 235 | | | | |
| | | | | | | | | |
| | Furnace repairs | 1460 | | 8000 | | | | |
| | Unit- Prep,paint | 1460 | | 6000 | | | | |
| | Roofs | 1460 | | 40590 | | | | |
| | Slab settling-sidewalks | 1460 | | 21786 | | | | |
| | Counter tops – cabinet repairs | 1460 | | 5000 | | | | |
| | Tile/carpet | 1460 | | 7000 | | | | |
| | Refrigerators | 1465 | 7 | 2975 | | | | |
| | Stoves | 1465 | 6 | 2100 | | | | |
| | Lawnmower | 1475 | | 6500 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages | | | | | | | | |
|---|---|--|----------|----------------------|---------|----------------------------------|-------------------|-------------------|
| PHA Name: Morganfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: KY36P09350102 Replacement Housing Factor Grant No: | | | | Federal FY of Grant: 2002 | | |
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| KY093 HA-Wide | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | | | | | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

| Annual Statement/Performance and Evaluation Report | | | | | |
|---|---|---|---------|-------------------|-------------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
| PHA Name: Housing Authority of Morganfield | | Grant Type and Number Capital Fund Program Grant No: KY36P09350101 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2001 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) | | | | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 34605 | 34605 | 34605 | 34605 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | 21700 | 21700 | 21700 | 21700 |
| 10 | 1460 Dwelling Structures | 72000 | 74606 | 74606 | 74606 |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1501 Collateralization or Debt Service | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 128305 | 130911 | 130911 | 130911 |
| 22 | Amount of line 21 Related to LBP Activities | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | |

| Annual Statement/Performance and Evaluation Report | | | | | |
|---|---|---|---------|-------------------|-------------------------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
| PHA Name: Housing Authority of Morganfield | | Grant Type and Number Capital Fund Program Grant No: KY36P09350101 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2001 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) | | | | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

Part III: Implementation Schedule

[illegible]

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
|--|---|--|---------|-------------------|-------------------------------------|
| PHA Name Morganfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: KY36P09350100 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations | 128305 | | 128305 | 128305 |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Nondwelling Structures | | | | |
| 13 | 1475 Nondwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1490 Replacement Reserve | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | |
| 17 | 1495.1 Relocation Costs | | | | |
| 18 | 1499 Development Activities | | | | |
| 19 | 1501 Collaterization or Debt Service | | | | |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | 128305 | | 128305 | 128305 |
| 22 | Amount of line 21 Related to LBP Activities | | | | |
| 23 | Amount of line 21 Related to Section 504 compliance | | | | |
| 24 | Amount of line 21 Related to Security – Soft Costs | | | | |

| | | | | | |
|---|---|--|----------------|--------------------------|-------------------------------------|
| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary | | | | | |
| PHA Name Morganfield Housing Authority | | Grant Type and Number Capital Fund Program Grant No: KY36P09350100 Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2000 |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) | | | | | |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
| | | Original | Revised | Obligated | Expended |
| 25 | Amount of Line 21 Related to Security – Hard Costs | | | | |
| 26 | Amount of line 21 Related to Energy Conservation Measures | | | | |

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Capital Fund Program Five-Year Action Plan

Part I: Summary

| | | | | | |
|---------------------------------------|------------------|--|--|--|--|
| PHA NameMorganfield Housing Authority | | | | <input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
| Development Number/Name/HA-Wide | Year 1 | Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004 | Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005 | Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006 | Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007 |
| KY - 093 | Annual Statement | | | | |
| HA - Wide | | 123,911 | 123,911 | 124,411 | 124,386 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| CFP Funds Listed for 5-year planning | | | | | |
| | | | | | |
| Replacement Housing Factor Funds | | | | | |

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

| Activities for Year 1 | Activities for Year : <u>2</u> FFY Grant: 2004 PHA FY | | | Activities for Year: <u>3</u> FFY Grant: 2005 PHA FY | | |
|--------------------------|---|--------------------------------|-------------------|--|----------------------------|----------------|
| | Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| See | KY 093 HA-Wide | Operations | 20000 | <i>KY093 HA-Wide</i> | <i>Operations</i> | 20000 |
| | | Stoves | 3000 | | <i>Stoves</i> | 3000 |
| | | Refrigerators | 4000 | | Refrigerators | 4000 |
| | | Bids/Publications | 1000 | | Sidewalks | 12000 |
| | | Lawn Tractor | 12000 | | Tile - Units | 14000 |
| An | | FAX –Answer Machine | 3500 | | Remodel – Shop, Storage | 7500 |
| nual | | Printer | 2100 | | Computer Training | 2500 |
| | | Copier | 6000 | | Gutters | 10000 |
| | | Vacuum Cleaner | 300 | | Water Meters | 25000 |
| | | Maintenance tools | 2511. | | Roofs | 21500 |
| Statement | | Window Screens | 4500 | | Trash Dumpsters | 3411 |
| | | Roofs | 15800 | | Bids Publications | 1000 |
| | | Range Hoods | 1200 | | | |
| | | Hot Water Heaters | 2400 | | | |
| | | Light Fixtures | 2900 | | | |
| | | Mail Boxes | 500 | | | |
| | | Countertops | 18000 | | | |

| | | | | | | |
|--------------------------|--|-----------------------|--------|--|--|----------------------|
| | | Cabinets | 20000 | | | |
| | | Trees- Bushes trimmed | 4200 | | | |
| | | | | | | |
| | | | | | | |
| Total CFP Estimated Cost | | | 123911 | | | <i>123911</i> |

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

| Activities for Year : __4__ FFY Grant: 2006 PHA FY: | | | Activities for Year: _5__ FFY Grant: 2007 PHA FY: | | |
|---|---------------------------------|-------------------|---|-----------------------------|----------------|
| Development Name/Number | Major Work Categories | Estimated Cost | Development Name/Number | Major Work Categories | Estimated Cost |
| <i>KY093 HA -Wide</i> | <i>Maintenance truck</i> | 12000 | <i>KY093 HA -Wide</i> | <i>Operations</i> | 12000 |
| | <i>Bathtub Surrounds</i> | 8000 | | <i>Stoves</i> | 3000 |
| | Door Frames | 6700 | | <i>Refrigerators</i> | 4000 |
| | Stove vent replaced | 3300 | | Landscaping | 4000 |
| | Bids Publications | 1500 | | Maintenance tools | 2586 |
| | Erosion & Fill | 3000 | | Water Heaters | 2000 |

| | | | | | |
|--------------------------|-----------------------------------|--------|--|---------------------|--------|
| | Exterior Painting | 15000 | | Electric upgrades | 15000 |
| | Interior Painting | 12000 | | Bid/Publications | 800 |
| | Stoves | 5000 | | Gutter/downspouts | 15000 |
| | Refrigerators | 8000 | | Dwelling unit paint | 4200 |
| | Roofs | 30000 | | Air conditioning | 60000 |
| | Maintenance tools | 1911 | | Exhaust fan/Vents | 1800 |
| | Gas, Sewer, Water line repairs | 18000 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total CFP Estimated Cost | | 124411 | | | 124386 |

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$_____

B. Eligibility type (Indicate with an “x”) **N1**_____ **N2**_____ **R**_____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

| PHDEP Target Areas (Name of development(s) or site) | Total # of Units within the PHDEP Target Area(s) | Total Population to be Served within the PHDEP Target Area(s) |
|--|---|--|
| | | |
| | | |
| | | |

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months_____ 18 Months_____ 24 Months_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

| Fiscal Year of Funding | PHDEP Funding Received | Grant # | Fund Balance as of Date of this Submission | Grant Extensions or Waivers | Grant Start Date | Grant Term End Date |
|------------------------|------------------------|---------|--|-----------------------------|------------------|---------------------|
| FY 1995 | | | | | | |
| FY 1996 | | | | | | |
| FY 1997 | | | | | | |
| FY1998 | | | | | | |
| FY 1999 | | | | | | |

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

| FFY _____ PHDEP Budget Summary | |
|---|---------------|
| Original statement | |
| Revised statement dated: | |
| Budget Line Item | Total Funding |
| 9110 – Reimbursement of Law Enforcement | |
| 9115 - Special Initiative | |
| 9116 - Gun Buyback TA Match | |
| 9120 - Security Personnel | |
| 9130 - Employment of Investigators | |
| 9140 - Voluntary Tenant Patrol | |
| 9150 - Physical Improvements | |
| 9160 - Drug Prevention | |
| 9170 - Drug Intervention | |
| 9180 - Drug Treatment | |
| 9190 - Other Program Costs | |
| | |
| TOTAL PHDEP FUNDING | |

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

| 9110 – Reimbursement of Law Enforcement | | Total PHDEP Funding: \$ |
|---|--|-------------------------|
| Goal(s) | | |
| Objectives | | |

| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDE P Funding | Other Funding (Amount/ Source) | Performance Indicators |
|---------------------|---------------------------|----------------------|---------------|------------------------------|-----------------------|--------------------------------------|------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9115 - Special Initiative | | | | | Total PHDEP Funding: \$ | | |
|---------------------------|---------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount/ Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9116 - Gun Buyback TA Match | | | | | Total PHDEP Funding: \$ | | |
|-----------------------------|---------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9120 - Security Personnel | | | | | Total PHDEP Funding: \$ | | |
|---------------------------|---------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9130 – Employment of Investigators | | | | | Total PHDEP Funding: \$ | | |
|------------------------------------|---------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9140 – Voluntary Tenant Patrol | | | | | Total PHDEP Funding: \$ | | |
|--------------------------------|---------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9150 - Physical Improvements | | | | | Total PHDEP Funding: \$ | | |
|------------------------------|---------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9160 - Drug Prevention | | | | | Total PHDEP Funding: \$ | | |
|------------------------|---------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount /Source) | Performance Indicators |
| | | | | | | | |

| | | | | | | | |
|----|--|--|--|--|--|--|--|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9170 - Drug Intervention | | | | | Total PHDEP Funding: \$ | | |
|--------------------------|---------------------|-------------------|------------|------------------------|-------------------------|--------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9180 - Drug Treatment | | | | | Total PHDEP Funding: \$ | | |
|-----------------------|----------------------------|----------------------|---------------|------------------------------|-------------------------|-----------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Person s Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9190 - Other Program Costs | | | | | Total PHDEP Funds: \$ | | |
|----------------------------|----------------------------|----------------------|---------------|------------------------------|-----------------------|-----------------------------------|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Person s Served | Target Population | Start Date | Expected Complete Date | PHEDep Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

Required Attachment _G_: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board : Karl Farmer

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 04/01/2002 to 04/01/2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: 04-01-2004

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Jerry Freer, Mayor City of Morganfield

Required Attachment __H____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Angela Brown James Abell Karl Farmer Ruth Ames

Letter sent to all residents- asking for volunteers to form a Resident Advisory Board- these four residents agreed to serve for our complex. They represent a variety in age, race, sex and different street locations within the HA.